



Bobby Jindal
Governor

State of Louisiana
Louisiana State Board of Cosmetology
11622 Sunbelt Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbclouisiana.gov

APPLICATION FOR RECIPROCITY- ALTERNATIVE HAIR DESIGN

I hereby make application to the Louisiana State Board of Cosmetology for certification of registration under the law of the State of Louisiana, and attach all requirements together with a money order, check, or cashier's check, made payable to the Louisiana State Board of Cosmetology.

PLEASE PRINT

Name of Applicant: _____
Last First Middle
Current Mailing Address: _____
Home Telephone: () _____ Work Telephone () _____
Date of Birth: _____ Social Security # _____
State where training was Acquired: _____
State(s) in which currently Licensed (if applicable) _____
License Number _____ Expiration Date _____

PLEASE ANSWER YES OR NO

1. Have you ever been convicted of, or placed on probation, for a felony offense? ☐ yes ☐ no
If the answer is **YES**, attach an explanation and records stating that you met your court directed obligations.
2. Have you obtained or attempted to obtain a certificate of registration (license) by means of fraud?
☐ yes ☐ no
If the answer is **YES**, attach an explanation and records stating that you met your court directed obligations.
3. Have you had a license, certification or registration suspended, revoked, or denied in any state?
☐ yes ☐ no
If the answer is **YES**, attach an explanation and records stating that you met your court directed obligations.

I have included the following items:

- ☐ a current picture
- ☐ a copy of my driver's license or state issued id card
- ☐ a copy of my social security card
- ☐ my current **ORIGINAL** hair braider, natural hair care or, alternative hair care license
- ☐ certification from the state that I received my training
- ☐ the correct fee amount- **\$25.00 state exam, \$25.00 permit fee=\$50.00 total (with Louisiana id.)**
\$25.00 state exam, \$50.00 permit fee=\$75.00 total (Non-resident id.)

By signing this application, I certify that the information provided above is true and accurate under penalty of perjury. I also certify that I am aware that it is a violation of the Louisiana Cosmetology Laws for an individual to work without a valid Louisiana Alternative hair design permit. **I am also aware that I will be issued a permit not a license for alternative hair design which is non-transferrable. I also acknowledge that I can only work within a licensed cosmetology salon.**

DATE: _____ SIGNATURE _____